

P11000019961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

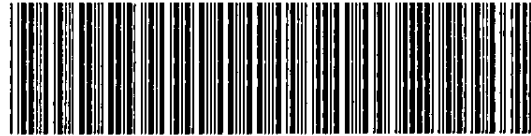
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/25/11--01009--001 **0.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 25 PM 12:45

FILED

J. Shivers MAR 01 2011

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Forensic Store, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Amanda Pearson

Name (Printed or typed)

7935 114th Ave N, Suite 1100

Address

Largo, FL 33773

City, State & Zip

813-343-0766

Daytime Telephone number

amanda@gohtci.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 25 PM 12:45

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Forensic Store, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

~~7935 114th Ave N, Suite 1100~~ 13400 Wright Circle
~~Largo, FL 33773~~ Tampa, FL
33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of Forensic Hardware and Software

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Pearson, CEO

Name and Title: _____

Address: 7935 114th Ave N, Suite 1100
Largo, FL 33773

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Samuel Heller

Address: 100 North Tampa Street Suite 3500
Tampa, FL 33602

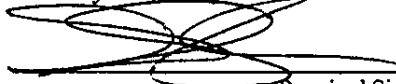
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Pearson

Address: 7935 114th Ave N, Suite 1100
Largo, FL 33773

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

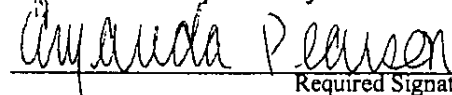


Required Signature/Registered Agent

February 21, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

February 21, 2011

Date

FILED
2011 FEB 25 PM 12:45
CLERK OF STATE
TALLAHASSEE, FLORIDA